

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

AMERICAN LEADERSHIP PROJECT

(b) Address (number and street) ☐ check if different than previously reported

2261 MARKET STREET PMB 319

(c) City, State and ZIP Code

SAN FRANCISCO

CA

94114

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30000871**3. Is This Statement**☐**New**

or

☒**Amended****4. Covering Period**M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

through

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8**(b) Communication Title** Every/Difference**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: 527 organization**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

Nancy L Warren

(b) Address (number and street)

2261 Market Street PMB 319

(c) City, State and ZIP Code

San Francisco

CA

94114

(d) Name of Employer or Principal Place of Business

Warren &amp; Associates LLC

(e) Occupation

Accountant

**9. Total Donations This Statement**

255000.00

**10. Total Disbursements/Obligations This Statement**

198142.75

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nancy L Warren

SIGNATURE Electronically Filed by Nancy L Warren

DATE 06/25/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.